

City of Rochester
Bureau of Human Resource Management
CHANGE OF NAME/ADDRESS FORM

PLEASE PRINT!!!

OLD

NEW

(PRIOR) NAME: _____

(NEW) NAME: _____

ADDRESS: _____

NEW ADDRESS: _____

CITY: _____

CITY: _____

STATE: _____ ZIP: _____

STATE: _____ ZIP: _____

TELEPHONE NUMBER: _____

TELEPHONE NUMBER: _____

SOCIAL SECURITY: _____

MAILING ADDRESS: _____

EFFECTIVE DATE OF CHANGE: _____

IF YOU CURRENTLY HAVE AN APPLICATION ON FILE WITH THE CITY FOR AN EXAMINATION, ARE ON A CIVIL SERVICE ELIGIBLE LIST OR HAVE APPLIED FOR A JOB OPENING, PLEASE COMPLETE THE FOLLOWING SECTION:

EXAM, LIST OR JOB TITLE(S)

EXAM OR LIST NUMBER: (If Applicable)

I hereby certify that the foregoing statement is complete and true. I understand that my eligibility on a Civil Service list may be affected by this change of address.

Signature

Date

*** FOR CURRENT EMPLOYEES ONLY**

Do you purchase US Savings Bonds? ☐ Yes ☐ No

Do you want your bonds sent to this new address? ☐ Yes ☐ No

NOTIFY YOUR DEPARTMENT PERSONNEL OFFICE OF YOUR NAME/ADDRESS CHANGE IN WRITING

If you are moving from a NON-CITY address to a CITY address, you must submit two (2) documents showing the new address with this form.

*****NOTE:** Falsification of address on a Civil Service Eligible List or Employment Application may lead to the removal of an individual's name from consideration for employment or, if employed, may result in termination.

☐ Non-City to City

☐ City to Non-City

☐ City to City

☐ Non-City to Non-City

☐ Driver's license with a printed address. If the driver's license has a handwritten address, it must be accompanied by a Change of Address form filed with the DMV (Form MV232)

☐ Mortgage statement

☐ Lease agreement or rent receipt

☐ Bank statement

☐ Credit card billing statement

☐ Recent legal document which includes an address (e.g., a marital separation agreement)

☐ Utility bill (e.g., electricity, gas, telephone, water bill, etc.)

☐ Voter registration card issued by the Board of Elections

Date

Initials

Verify by: _____

Date: _____

Sigma Change Date

Eligible List Residency Code Change Date

Date Copy Mailed to Applicant

Police/Fire - E-Mail to Backgrounds and Consultant

XC to HRS and Input

PLEASE RETURN FORM TO CITY HALL, BUREAU OF HUMAN RESOURCE MANAGEMENT, ROOM 103A, ROCHESTER, NY 14614